

45th day / 70th  
6-15-19 / 7-10-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445516		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  05/01/2019	
NAME OF PROVIDER OR SUPPLIER  CREEKSIDE CENTER FOR REHABILITATION AND HEALING				STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVENUE MADISON, TN 37115			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 677 SS=D	<p>A recertification survey was completed on 5/1/19 at Creekside Center for Rehabilitation and Healing. Deficiencies were cited for the recertification survey under 42 CFR PART 483, Requirements for Long Term Care Facilities.</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, observation and interview, the facility failed to maintain clean fingernails for 1 resident (#97) of 26.</p> <p>The findings include:</p> <p>Review of facility policy, Care of Fingernails/Toenails, dated 2001, revised October 2010, revealed "...nail care cleaning during bath/shower and as needed (prn) and trimming as indicated..."</p> <p>Medical record review revealed Resident #97 was admitted to the facility on 1/10/19 with diagnoses which included Type II Diabetes Mellitus Without Complications, Alzheimer's Disease, and Depression.</p> <p>Medical record review of the Quarterly Minimum Data Set dated 4/10/19 revealed a Brief Interview for Mental Status score of 8, indicating moderate cognitive impairment, required extensive</p>			F 677	<p>F 677</p> <p>The finger nails of Resident #97 were cleaned on 5/1/19.</p> <p>A 100% audit was conducted 5/1/19 to ensure nail care was provided to all residents.</p> <p>All Nursing staff were educated by the Director of Nursing/Unit Managers/Nurse Administrative Team from 5/1/19 through 5/6/19 to ensure staff awareness of the policy and standard of care regarding ADL Care Provided for Dependent Residents.</p> <p>Audits of nail care will be Conducted by the Director of Nursing, Unit Managers, or members of the nurse Administrative Team (3) times per week for four weeks, then once a week for two months or until audit results determine that substantial compliance has been achieved.</p>		5/23/18

**TIME**

(X6) DATE

If continuation sheet Page 1 of 2

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445516</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREEKSIDE CENTER FOR REHABILITATION AND HEALING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>306 W DUE WEST AVENUE MADISON, TN 37115</b>		
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F 677	Continued From page 1 assistance for Activities of Daily Living with one person and limited assistance for personal hygiene.  Medical record review of the Care Plan dated 4/15/19, Bathing Intervention dated 1/21/19, revealed "...Activities of Daily Living Self Care Performance Deficit...Bathing: Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse..."  Observation of Resident #97 on 4/29/19 at 10:40 AM, 2:00 PM, 4/30/19 at 1:00 PM and 5/1/19 at 12:30 PM revealed Resident #97 with all fingernails having large amounts of dark brown debris underneath them.  Interview with Certified Nurse Aide (CNA) #6 on 5/1/19 at 3:00 PM in the Capital Hill hallway confirmed personal hygiene care had been completed. Further interview with CNA #6 in the presence of Resident #97 in the Activity room confirmed dark debris under each nail.  Interview with Licensed Practical Nurse #4 on 5/1/19 at 3:03 PM in Resident #97's room confirmed dark debris under each fingernail.	F 677	The Director of Nursing or Unit Manager(s) will report the results of the audit in the Monthly Quality Assurance Meeting for a minimum of (3) months May 2019 – July 2019 or until continual compliance is achieved. The Quality Assurance Performance Improvement Committee will include but not be limited to the following: Administrator, Medical Director, Director of Nursing, Unit Managers, Business Office Manager, Social Services Director, Dietary Manager, Housekeeping & Laundry Director, and Maintenance Director.		

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